National Health Mission



District Integrated Health & Family Welfare Society, Nagpur "हिंदु हृदय सम्राट बाळासाहेब ठाकरे आपला दवाखाना"

APPLICATION FORM



(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Name of Post Applied for :								
Name of Cadre :					Name of Program :			
Full Name of	Candidate	:						
Father's / Husband's Name :								
Date of Birth (DD/MM/YYYY) : Blood Group			roup :	: Gender :				
	(YES/NO)						Applying Category	
						Category :		
Address/ Contac	ct Details :	(Name o	f the Distr	ict and	Pin	code is compulsory)		
Address (pres	ent):				Address (permanent) :			
					(write same if same as present Address)			
					State :			
State:					State : Pin :			
Pin:					Contact No :			
Contact No :								
E-mail Id for Correspondence :					Alternate E-mail Id for correspondence (If any):			
Languages Known : English Hindi Marath				hi Others (please Specify below)				
(Write Y/N)								
Typing & Computer proficiency:								
Academic/Professional Education Summary : (Starting from most recent)								
From TO Degree/Diploma University/ Specialization/ Final year								

From	ТО	Degree/Diploma	University/	Specialization/	Final year		
(MM/YY)	(MM/YY)		Institute	Subjects	Total	Marks	% of
					Marks	obtained	Marks

Work / Experience Summary: (Staring from Current / most recent)

Sr. No.	From (MM/YY)	TO (MM/YY)	Organization	n Designation	Responsibilities (Min. 30 and Max. 50 Words)		
		,			,		
				Months):			
Details of Internship / Workshops / Conferences / Trainings Attended (If any):							
Dec	laration:						
I he	reby declare	that all stat	ements made ir	n the application are tr	rue, complete and correct to the		
best	t of my kno	wledge and	belief. I underst	tand that in the event	of any information being found		
untr	ue/false/inc	orrect or I d	o not satisfy th	e eligibility criteria m	y candidature will be cancelled,		
with	out assigni	ng any reaso	on thereof. I have	ve read the content of	the advertisement and agree to		

abide by the rules, regulations and procedures for appointment to the post applied for.

Name of Candidate :

Place :

Signature :

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.